Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVS4940TLF		B. WING		09/0	09/01/2009	
NAME OF PE	ROVIDER OR SUPPLIER	!	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		·	
LAS VEG	AS COMMUNITY CORRI	ECTIONS CTR	l	STRIAL ROAD S, NV 89109)			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	(X5) COMPLETE DATE		
T 010 SS=F	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted at your facility on 8/31/09 & 9/1/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is requesting licensure for 122 residential program beds for transitional living for released offenders, but only has capacity for 110. The census at the time of the survey was 120. One hundred nineteen client files were reviewed and 21 employee files were reviewed.		PREFIX (EACH CORRECTIVE ACTION SHOULD BE					
	the dependent; and This Regulation is n Based on record rev administrator failed t	oh (a) of subsection 3 of on employed in a facility of met as evidenced by iew on 8/26/09, the o keep a copy of their or TB test at the facility	for					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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T 010	Continued From page	e 1		T 010			
	of a physical examina licensed physician the health, was free from	s unable to provide a cation or a certification frat he was in a state of gactive tuberculosis and disease in a contagious	om a good d any				
T 295 SS=F	5 449.154979(4)(a) Kitchens;preparation and storage of food			T 295			
	NAC 449.154979Kitchens; preparation and storage of food. 4. A facility with more than 10 residents must: (a) Comply with applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; and This Regulation is not met as evidenced by: Based upon observation and interview on 8/26/09, the facility failed to comply with chapter 446 of NRS regarding the kitchen and storage and preparation of food. Findings include: 1. The interior of the reach-in refrigerator required cleaning.						
			pter				
			quired				
	2. The facility failed to ensure there was 50 foot candles of illumination in the kitchen.		foot				
	Mops were not rinsed and hung to dry. The mops were stored in an empty bucket.		he				
	4. A stem thermometer was not available to ensure food is being delivered and maintained at the appropriate temperature.						

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NAME OF PROVIDER OR SUPPLIER S LAS VEGAS COMMUNITY CORRECTIONS CTP			2901 INDU	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 INDUSTRIAL ROAD LAS VEGAS, NV 89109						
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	large wheeled trash dumpster were not of the second of the	not covered. The kitch container and the exterior covered. ps were not available incentration. ervice manager who haved food safety course cility.	erior to ad	T 295						
SS=F	facilities; toiletries NAC 449.154985 B toiletries 2. Each facility (a) A flush toilet a residents; and This Regulation is r Based upon observa failed to have a toile Findings include: It was observed the a total of six commo currently configured residents, 24 toilets with NAC 449.15498 capacity of 94 reside It was observed the had a total of two co	eathrooms and toilet farmust have: and lavatory for each formet as evidenced to ation on 8/26/09, th fact for each of four residuction on the facility is between male and ferwould be required to 685 for the a total male	our by: bility ents. bm had male comply coom ity is							

PRINTED: 09/16/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4940TLF 09/01/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2901 INDUSTRIAL ROAD LAS VEGAS COMMUNITY CORRECTIONS CTR LAS VEGAS. NV 89109 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 340 T 340 Continued From page 3 residents, 4 toilets would be required to comply with NAC 449.154985 for a total female capacity of 14 residents. Severity: 2 Scope: 3 T 345 449.154985(2)(b) Bathrooms and toilet T 345 SS=F facilities;toiletries NAC 449.154985 Bathrooms and toilet facilities; toiletries 2. Each facility must have: (b) A tub or shower for each six residents. This Regulation is not met as evidenced by: Based upon interview and observation on

Findings include:

each of 6 residents.

It was observed the common male bathroom had a total of 12 showers. As the facility is currently configured between male and females, 16 showers would be required to comply with NAC 449.154985 for a total male capacity of 94 residents.

8/26/09, the facility failed to provide a shower for

It was observed the common female bathroom had a total of two showers. As the facility is currently configured between male and female residents, 3 showers would be required to comply with NAC 449.154985 for a total female capacity of 14 residents.

Severity: 2 Scope: 3

PRINTED: 09/16/2009

FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4940TLF 09/01/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2901 INDUSTRIAL ROAD LAS VEGAS COMMUNITY CORRECTIONS CTR LAS VEGAS, NV 89109 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 500 T 500 Continued From page 4 T 500 T 500 449.154997(1)(c) Files for residents SS=F NAC 449.154997 Files for residents. 1. An administrator shall ensure that the facility maintains a separate file for each resident of the facility and retains the file for at least 5 years after the resident permanently leaves the facility. The file must be kept locked in a location that is protected against unauthorized use. Each file must contain the information obtained by the facility that is related to the resident, including, without limitation: (c) Evidence of compliance with the provisions of NAC 441A.380 This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility did not ensure that 119 of 119 residents met the requirements of NAC 441A.380 concerning tuberculosis (TB). Findings include: The following resident's files failed to contain any evidence of TB testing (Residents #1, #2, #3, #7, #8, #9, #10, #11, #18, #19, #21, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #37, #41, #44, #45, #46, #47, #48, #52, #53, #55, #56, #58, #59, #60, #61, #66, #69, #72, #74, #78, #79, #81, #83, #90, #92, #95, #97, #98, #100, #103, #104, #105, #108, & #116). The following resident's files contained either a TB skin test with no results or the first step of the required two step TB skin test was outdated (Residents ##4, #6, #11, #12, #13, #14, #15, #16, #17, #20, #23, #36, #39, #40, #43, #49, #50, #51,

#54, #57, #62, #63, #65, #67, #70, #71, #73, #75, #76, #77, #80, #82, #84, #86, #87, #88, #89, #91,

AND DIAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NVS4940TLF				09/01/2009			1/2009
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STA			
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T 500	Continued From page	e 5		T 500			
	#93, #96, #99, #101, #102, #106, #107, #110, #112, #114, #117, & #119).						
	The following resident's files contained the first step of the required two-step TB skin test. The second step was not in the resident's file (Residents #5, #16, #42, #64, #85, #86, #94, #111, #113, #115, & #118).						
	The following resident's files contained evidence of a positive TB skin test and a negative chest X-ray, but failed to have evidence of a completed annual TB signs and symptoms worksheet (Residents #22, #38, #68, & #109)						
	Severity: 2 Scope: 3	3					
T 540 SS=D	449.154999(3)(c) Safety from fire NAC 449.154999 Safety from fire.			T 540			
	3. The administrator shall ensure that the facility has a plan for the evacuation of residents in case of fire or other emergency. The plan must be: (c) Discussed with each resident at the time of his admission.						
	This Regulation is not met as evidenced by: Based on record review on 9/1/09, the administrator did not ensure that the evacuation plan was discussed with 10 of 119 residents at the time of admission.						
	Findings include:						
One hundred and nineteen resident files were reviewed. Ten resident files did not contain documentation that the plan for the evacuation of residents in case of fire or other emergency was discussed with the residents at the time of							

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NIVS4940TLE		NVS4940TLF		B. WING		09/01/2009		
NAME OF PR	ROVIDER OR SUPPLIER	14404042121	STREET ADD	RESS, CITY, STA	ATE. ZIP CODE		01/2003	
LAS VEGAS COMMUNITY CORRECTIONS CTR			2901 INDU	STRIAL ROAD S, NV 89109				
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T 540	Continued From page	e 6		T 540				
	admission to the facili #62, #71, #88, #89, #	ity (Resident #18, #42, 94, #105 & #114).	#59,					
	Severity: 2 Scope: 1							
T 575 SS=F	NAC 441A.375 Emplo	oyee Tuberculosis		T 575				
		cal facilities, facilities fo						
	-	s for individual residen	tial					
	_	f cases and suspected	o.					
	cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be							
		nce with the guidelines						
		Control and Prevention						
	adopted by reference	in paragraph (h) of						
	subsection 1 of NAC							
	2. A medical facility, a	a facility for the depend	ent or					
	a home for individual							
		of employees of the fa	cility					
	or home for tuberculosis and tuberculosis							
		ance of employees mu	st be					
	conducted in accorda		_					
		the Centers for Disease	9					
Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of			idina					
			idirig					
			as					
	subsection 1 of NAC 441A.200.							
3. Before initial employment, a person employed			oyed					
	in a medical facility, a facility for the dependent or						1	
	a home for individual residential care shall have							
	a:							
		tion or certification from						
		at the person is in a sta						
good health, is free from active tuberculosis and				I	1		1	

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Prevention as adopted by reference in paragraph

7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis

(g) of subsection 1 of NAC 441A.200.

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